

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD					Amendment Docket Number 10/84253	
CLAIMS AS FILED - PART I						
(Column 1)		(Column 2)				
FOR	NUMBER FILED	NUMBER EXTRA				
BASIC FEE (37 CFR 1.16(a))						
TOTAL CLAIMS (37 CFR 1.16(b))	13	minus 20 =				
INDEPENDENT CLAIMS (37 CFR 1.16(d))	1	minus 3 =				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						
					SMALL ENTITY	OR
					OTHER THAN SMALL ENTITY	
					RATE	FEE
					\$	\$
					X \$	X \$
					X \$	X \$
					+ \$	+ \$
					TOTAL	TOTAL
* If the difference in column 1 is less than zero, enter "0" in column 2.						
CLAIMS AS AMENDED - PART II						
AMENDMENT A	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
	Total (37 CFR 1.16(b))		Minus		Total	
	Independent (37 CFR 1.16(d))		Minus		Total	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
AMENDMENT B	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
	Total (37 CFR 1.16(b))		Minus		Total	
	Independent (37 CFR 1.16(d))		Minus		Total	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
	Total (37 CFR 1.16(b))		Minus		Total	
	Independent (37 CFR 1.16(d))		Minus		Total	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

This collection of information is required by 37 CFR 1.16. The information is submitted by the applicant to the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 186 and 37 CFR 1.16. The information is not to be disclosed to the public without the express written consent of the applicant. The information is to be used for the purpose of determining the amount of time you require to complete this form and/or suggestion to the USPTO. The information is to be used for the purpose of determining the amount of time you require to complete this form and/or suggestion to the USPTO. The information is to be used for the purpose of determining the amount of time you require to complete this form and/or suggestion to the USPTO.

In the appropriate box in column 1, enter the number of claims in the application that are estimated to be required to complete the application. The number of claims is estimated to be required to complete the application. The number of claims is estimated to be required to complete the application. The number of claims is estimated to be required to complete the application.

Do not send fees or comments to this form. Do not send fees or comments to this form. Do not send fees or comments to this form. Do not send fees or comments to this form.

If you need assistance in completing this form, call 1-800-451-5217.

and select option 2.